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15750 U.S.F.	UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.		DX0670KB1B
			First Inventor		Gosse Jan ADEMA
			Title	Isolated Mammalian Monocyte Cell Genes Related Reagents	
			Express Mail Label No.		EL 982 851 148 US

<p>APPLICATION ELEMENTS</p> <p>See MPEP chapter 600 concerning utility patent application contents.</p>	<p>ADDRESS TO:</p> <p>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.

3. ☒ Specification [Total Pages 151]
(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☐ Drawing(s) (35 U.S.C. 113) [Total Pages]

5. Oath or Declaration [Total Pages 4]

- a. ☐ New executed (original or copy)
- b. ☒ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☒ paper
- c. ☒ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement _____ Power of
(when there is an assignee) _____ Attorney

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure _____ Copies of IDS
Statement (IDS)/PTO-1449 _____ Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.

17. ☐ Other: _____


18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation ☒ Divisional ☐ Continuation-in-part (CIP) ☐ of prior application No.: 10/290,631

Prior application information: Examiner: Unknown Group Art Unit: 1647

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

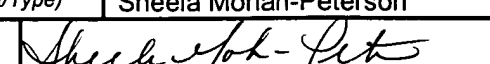
19. CORRESPONDENCE ADDRESS	
<u>X</u> Customer Number or Bar Code Label	or _____ Correspondence address below:
28008	DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304 Telephone: (650) 496-6400 Facsimile: (650) 496-1200

Name (Print/Type)	Sheela Mohan-Peterson, Reg. No. 41,201		
Signature		Date	11-Feb-2004

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 5px 0 0 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known	
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		Filing Date	Herewith
		First Named Inventor	Gosse Jan ADEMA
		Examiner Name	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$ 770.00)	Attorney Docket No.	DX0670KB1B

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																			
___ Check ___ Credit Card ___ Other ___ None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>04-1239</u> Deposit Account Name: <u>DNAX Research, Inc.</u> The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application ___ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3>3. 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SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Sheela Mohan-Peterson	Registration No.	41,201
		Telephone	1-650-496-6400
Signature			Date
			11-Feb-2004

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